

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10687063**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		5					62								
13		5					63								
14		5					64								
15		5					65								
16		6					66								
17		6					67								
18		6					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		4					73								
24		4					74								
25		6					75								
26		6					76								
27		6					77								
28		6					78								
29		0					79								
30		6					80								
31		6					81								
32		6					82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	108						TOTAL DEP.								
TOTAL CLAIMS	109						TOTAL CLAIMS								